

# PHILADELPHIA MEDICAL TIMES.

SATURDAY, FEBRUARY 1, 1873.

## ORIGINAL LECTURES.

### LECTURES

#### ON THE SURGERY OF THE NARES, LARYNX, AND TRACHEA.

BEING THE MÜISTER LECTURES FOR 1872.

Delivered before the College of Physicians of Philadelphia,

BY J. SOLIS COHEN, M.D.

Reported by R. M. BERTOLET, M.D.

#### LECTURE I.

(Continued from page 259.)

#### ILLUMINATION BY SUNLIGHT.

DIRECT sunlight is available only during a certain portion of the day. When this direct illumination is impracticable, we may reflect the light to a convenient point by means of a tilted piece of looking-glass; or we may concentrate the diffused daylight in the apartment upon a concave mirror, and reflect it thence into the mouth of the patient.

#### ARTIFICIAL ILLUMINATION.

This may be direct or reflected, and the rays of illumination may be concentrated by means of lenses. Reflected light is much more easily managed. The reflector is often used attached to the head of the examiner. Many—and the lecturer among them—prefer to use an apparatus in which the reflector is permanently attached to the lamp; and of all those in use—many of which were exhibited and explained—he prefers the illuminator of Tobold (Fig. 3).

The source of illumination is a coal-oil lamp, or an argand gas-burner, capable of being set at any elevation upon the support, and of being changed at will. This is surrounded by a tube containing a series of three condensing lenses for increasing the light. The reflector is attached to the illuminating apparatus by a jointed, movable arm. In using this apparatus, the flame should be placed about on a level with the patient's mouth.

This apparatus has been rendered more convenient for constant use, by taking the support from the floor and suspending the reflector above the lenses. Such an arrangement keeps the supporting

arm out of the way of the left hand, when operating upon the larynx. The source of light is an argand gas-burner, fed from a convenient bracket or pendant, by means of flexible tubing. This adaptation of the Tobold lamp (Fig. 4) leaves but little to be desired in the way of illumination, and has gradually come into general use in this country.

In employing artificial light, the room is darkened somewhat, so as to exclude any excess of daylight which would interfere with the artificial illumination.

#### AUTO-LARYNGOSCOPY.

This is the term used to designate one's examination of his own larynx, which is done by performing the operation before a toilet-glass or hand-mirror. It is especially valuable in familiarizing one's self with the laryngo-pharyngeal image, and in studying the various physiological phenomena of respiration, vocalization, etc.

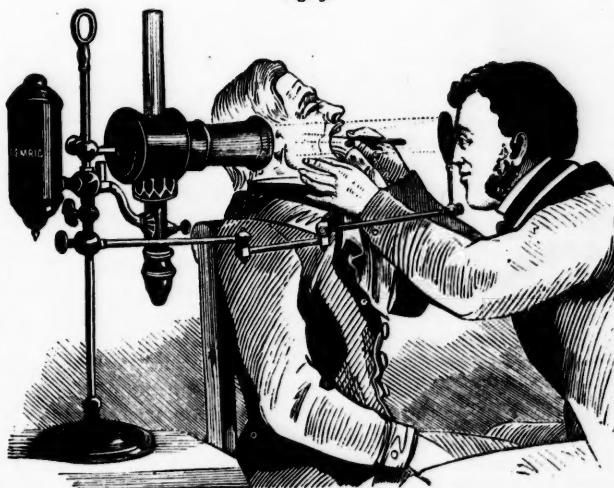
#### DEMONSTRO-LARYNGOSCOPY.

This term is used to designate the demonstration of the larynx to others, which is best done by placing a hand-mirror in the grasp of the patient, or a small mirror obliquely in front of his mouth.

#### THE STRUCTURES THUS SUBJECTED TO OBSERVATION.

The structures most prominent in the mirror are, normally, the epiglottis, the cartilages of Santorini, and the vocal cords: they are readily recognized; but many other important parts are reflected, which are not easily located until some familiarity has been acquired in laryngoscopic examination. It is the same as in the cultivation of observation under the microscope; many things are recognized, as we grow accustomed to the use of the microscope, which we did not detect before, although they were in the field all the time.

The structures thus exposed to inspection are, from before backwards: the posterior portion of the base of the tongue; the posterior surfaces of the anterior palatine arches, and their attachments to the sides of the base of the tongue; the lateral ligaments connecting the tongue with the hyoid bone; the ligaments connecting the tongue with the epiglottis, and the lingual sinuses between the middle glosso-epiglottic ligament and the two lateral ligaments or folds; the tonsil glands; the posterior palatine arches, as they run downwards and backwards to be lost in the sides of the pharynx; the ligaments

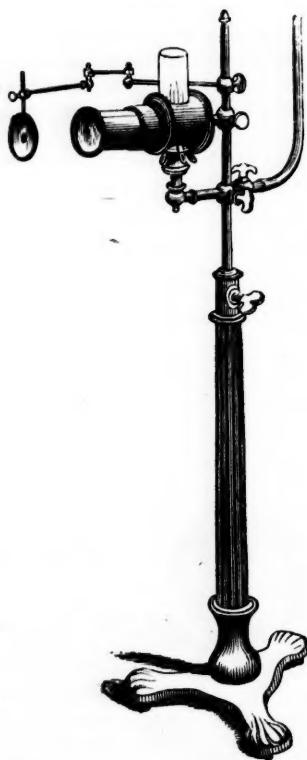


connecting the epiglottis and pharynx; the lateral ligaments connecting the epiglottis with the hyoid bone; the epiglottis itself, its anterior or lingual surface, its upper and lateral borders, and its posterior or laryngeal surface; the ligamentous folds of mucous membrane connecting the sides of the epiglottis with the arytenoid cartilages, and forming the upper portion of the quadrangular membrane of the larynx; the arytenoid cartilages, with the cartilages of Santorini at their apices, imbedded in

and formed on each side by a duplicature of the laryngeal lining membrane; a portion of the lower cavity of the larynx, and the internal face of the anterior portion of the thyroid cartilage, cricothyroid membrane, and cricoid cartilage; the anterior portion of the trachea, to a greater or less extent, and, under very favorable circumstances, clear down to the bifurcation of the tube; and, in a few cases, more or less of the continuity of the right bronchus; under peculiar circumstances, more or less of the posterior wall of the trachea.

Such are the structures which the laryngoscope enables us to examine in the living subject. It is impossible to bring all the tissues enumerated into one and the same view; but by altering the direction of the mirror, a little forward or backward, to one side or the other, the light can be reflected upon all these structures in succession, and their condition observed. In moving the mirror, or giving it a further inclination to one side or the other, we must avoid any tremulousness. It is this constant hitting of the parts that provokes spasmodic contraction. A decided, though gentle, pressure upon the parts is borne much better. It is for this reason that the recommendation has already been made to rest the lower edge of the mirror upon the posterior wall of the pharynx. In this way we avoid titillation of the parts, which is so apt to ensue when we follow the rules laid down by several laryngoscopists, to avoid touching the soft palate, and particularly the pharynx. The only part to avoid is the base of the tongue, contact with which induces retching.

Fig. 4.



TOBOLD'S ILLUMINATING APPARATUS, SUPPORTED FROM FLOOR, FED WITH GAS. REFLECTOR ATTACHED ABOVE, INSTEAD OF BELOW.

sub-mucous cellular tissue; the base of the cuneiform or Wrisberg cartilages, enclosed within the ary-epiglottic folds, a few lines from their arytenoidal extremities; the fold of mucous membrane between the arytenoid cartilages; the pear-shaped sinuses just outside of the laryngeal cavity, comprising the space between the exterior surface of the quadrangular membrane of the larynx and the inner surface of the thyroid cartilage; the posterior wall of the pharynx, as far down as the position of the cricoid cartilage, where the entrance into the oesophagus appears as a narrow groove communicating with the pear-shaped or pyramidal sinuses; the upper cavity of the larynx and its component structures; the vocal cords, and above them the ventricles of Morgagni; the ventricular bands, known as false vocal cords, above the ventricles,

In the rhinoscopic examination, we turn the reflecting surface of the mouth-mirror upwards, so as to illuminate the upper portion of the pharynx and the posterior outlet of the nasal passages. The same apparatus and sources of illumination that are employed for laryngeal examinations are also applicable in rhinoscopy; but the tongue, instead of being protruded, must be held down, in most cases, by some suitable tongue-depressor. The patient must be instructed how to regulate his respirations by breathing through his nostrils. The rhinoscopic mirror must generally be of a smaller size than that employed for laryngoscopy. It is generally attached at right angles to the handle; but the lecturer prefers to use the ordinary small laryngoscopic mirror. Often there is more or less approximation of the soft palate to the posterior wall of the pharynx, and the view is thus limited or rendered impossible. To increase the naso-pharyngeal space, variously-shaped tractors, hooks, and snares have been resorted to; but their presence usually gives rise to so much irritation that the soft palate is spasmodically drawn up against the pharynx. Their use has generally been abandoned, except in rare cases. In the performance of operations, the palate can sometimes be held up by tapes carried through the nasal passages by Bellocq's canula and tied over the upper lip; but even this manœuvre cannot be long tolerated.

## ORIGINAL COMMUNICATIONS.

## THE LOCAL TREATMENT OF CANCER OF THE FEMALE GENITALS—CASE OF PRIMARY CANCER OF THE VAGINA.

BY JOHN S. PARRY, M.D.,

Attending Accoucheur to the Philadelphia Hospital, etc.

Remarks made before the Pathological Society of Philadelphia, November 14, 1872.

AT the last meeting of the Society I presented a specimen of cauliflower cancer, which had been removed from the os uteri of a mulatto woman thirty years old. At the same time attention was called to the fact that the operation for removal had been postponed for three months on account of the great prostration of the patient, and that Dr. J. H. Cathcart, who had charge of the woman, and with whom she was seen in consultation, had scraped away almost the whole of the morbid growth, an operation which was followed by the most marked improvement in the condition of the patient. For eleven weeks before this she had been confined to her bed, having become greatly emaciated and profoundly prostrated by the profuse hemorrhages from which she suffered. The growth at that time filled the upper part of the vagina, pressed back upon the rectum, nearly obliterating the calibre of that canal, and extended downward almost to the vulva.

After the removal of all of the morbid tissue which Dr. Cathcart could tear away with a blunt instrument, the flow of blood entirely ceased, her bowels, which had before been constipated, became regular, her appetite improved, and she rapidly gained both flesh and strength, so that three months later she would hardly have been recognized as the same person, so great was the improvement. Indeed, to all appearances she was in perfect health. She pursued her ordinary avocations, went about the city as she pleased, and was strong, cheerful, and happy.

At the time the specimen was presented to the Society, it was stated that, so far as we knew, this unusual procedure of Dr. Cathcart's was without precedent, and that from the results of the case we had reason to hope that it marked a new era in the local management of malignant disease of the female genital organs. The affection is at best a desperate one, and gynaecologists have been led to adopt a purely expectant local treatment, because the manipulations necessary to make applications may be followed by serious and, possibly, even by fatal hemorrhage. But since the last meeting of this Society no less than three important papers have appeared upon this subject. The first is by Dr. Munde,\* the second by Prof. A. R. Simpson, of Edinburgh,† and the third by Dr. Alfred Wiltshire, of London.‡ Though the second paper reached America before that of Dr. Munde, owing to the delay in the appearance of the *American Journal of*

*Obstetrics*, and though Dr. Cathcart performed his operation in June last (1872), the priority of suggestion must be awarded to Prof. Simon, of Heidelberg.

During the last two weeks we have had another opportunity to try this method of treatment; and the portions of the growth which were removed are now exhibited to the Society. Though this specimen itself possesses but little interest, the case is an unusual one, inasmuch as the vagina was the organ primarily involved. The patient was a light mulatto woman, about thirty years old, who was admitted to the Presbyterian Hospital a few weeks ago. She is the mother of four children, the youngest of whom is eight months old. She had always been a healthy woman until about six months before the birth of her last child, when she began to suffer from severe pains in the pelvis. Her labor was normal. She remained in bed for two weeks, and then got up, feeling as well as usual. For two weeks everything went well, when she had a hemorrhage from the vagina. From that time until her admission to the hospital she lost more or less blood every day. At times the discharge was very profuse. It was brought on by the slightest exertion. She became greatly exhausted, much emaciated, suffered from severe pelvic pain, frequent as well as painful micturition, and painful defecation. Two weeks before admission she lost the power of retaining her urine.

Her condition when she entered the hospital in November, 1872, was as follows:

She was greatly emaciated, with a clean, pale tongue, poor appetite, occasional vomiting, constipated bowels, and great pain when they were moved. She complains of severe abdominal and pelvic pains. The belly is not distended, and it contains no tumor. There are no pulmonary or cardiac symptoms.

*Vagina*.—Immediately within the vulva the finger comes in contact with a ragged, rough, but rather soft tumor, which breaks down easily and bleeds freely when pressed upon. In front of the tumor the finger passes upward about an inch and a half, when the growth is found to be attached to the anterior wall of the vagina. A catheter introduced into the bladder is easily distinguished below the growth; but the anterior vaginal wall is found to be considerably thickened. Above the tumor the cervix uteri is distinguished with some difficulty, and is in the usual situation. The posterior lip seems to be quite smooth, but the anterior is rough and covered with short, irregular outgrowths, which break down under pressure. Immediately below the cervix is the best developed or highest portion of the upper margin of the tumor. Below this is a depression, at the bottom of which the silver catheter in the bladder can be felt. Through this somewhat funnel-shaped opening two fingers can be thrust directly into the bladder. The fundus of this organ is easily reached a little above the upper margin of the opening, while the inner orifice of the urethra is scarcely an inch below the lower one. The posterior and lateral portions of the vagina are not involved. A profuse discharge of blood and thin offensive pus runs from the part. Upon separating the labia, some sloughs are to be seen protruding, and above these is the red, soft, warty tumor which the patient says protrudes when she stands for a little time or strains forcibly.

Though the patient was very weak, and though

\* *American Journal of Obstetrics*, August, 1872.† *British Medical Journal*, October 19, 1872.‡ *British Medical Journal*, November 2, 1872.

we could not encourage her to hope for more than very temporary relief, it was determined to scrape away all of the morbid growth which could be removed. Being provided with a blunt bone-scraper, an ordinary director with an expanded extremity, a pair of long vaginal scissors, and some Monsel's salt, the procedure was begun. These instruments were but poorly adapted to effect our purpose, and we would suggest that gynaecologists who propose to repeat the operation should provide themselves with a set of Prof. Simon's scoops.\* Most of the growth was removed with the bone-scraper and the finger, a Sims' speculum having been introduced into the vagina and a catheter into the bladder, the woman being placed in the semi-prone position. As the operation proceeded, the hemorrhage, instead of increasing, diminished in quantity until we attempted the removal of one of the large masses near the vulvar orifice. Experiencing some difficulty in breaking this down, the pedicle was severed with the scissors. An artery of considerable size was opened, and she bled quite freely. Upon the application of the torsion-forceps the tissue broke down, until more healthy structure was reached, when the flow ceased, after giving the artery a twist. The scraped surface was now covered with Monsel's salt, and a damp sponge, with one side covered with the same substance, was passed into the vagina and allowed to remain there for about four hours. No hemorrhage or abdominal pain or tenderness followed. She remained under observation for nearly two weeks longer, when she was discharged. During this time she seemed to be much better, and had no hemorrhage at all, and less vaginal discharge.

This case is interesting not only therapeutically, but because it furnishes a good example of primary cancer of the vagina; and as such it may be contrasted with the one related to the Society by Dr. Mears about a month since. Some may question the conclusion that the vagina was first affected, since the uterus was involved at the time she came under observation. It was affected to such a slight extent, while the destruction of the vagina and bladder was so great, that the cervix could hardly have been the starting-point of the malignant growth.

It is of course not claimed that the removal of the redundant portions of cancers of the female genitals by scraping will cure the disease. It will only prolong life by diminishing, or completely arresting, the hemorrhages for the time being. But this is no trivial matter. No symptom of the disease is more important than this one, and, without doubt, it has shortened the lives of many of these unfortunate sufferers. At the same time, the discharge is greatly diminished, because the fungous and disintegrating portions of the morbid tissue are not allowed to accumulate. To achieve this is no trifile, as every sufferer from this terrible disease can testify. It is true that the procedure has to be repeated at intervals; but this is no argument against its utility, as in this disease the physician can only hope to prolong life and diminish suffering.

The operation should be performed with caution until its usefulness is fairly established or disproved. It is not difficult to conceive that it may be followed by pelvic peritonitis under some circumstances, or that, in cases in which the disease had existed for a long time, and much tissue destroyed, adjacent organs might be injured, unless care was employed.

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### THE ACTION OF QUININE ON THE UTERUS.

BY H. G. LANDIS, M.D.,

Niles, O.

THE statement that quinine has a special influence upon the uterus has elicited many expressions of opinion through the journals, which for the most part oppose the views advanced by Monteverdi. I have had an opportunity of testing this influence in over twenty cases during the past year, in a malarial district, and offer the result to the profession as additional testimony. The trials were all made upon the impregnated uterus, and mainly in cases of lingering pains during labor; but it seems very unlikely that an agent purporting to excite or strengthen the muscular action of the womb would act in an essentially different manner on the unimpregnated uterus. I have grouped the cases as follows: I. Those in which quinine effected or seemed to effect a change in the behavior of the uterus; and—II. Those in which it did not. Only the first need be given at length, and a comparison will enable us to determine the amount of influence exerted by the drug. The first three cases show its action during labor.

1. No. 1.—Fifth pregnancy. Lives on the edge of an undrained pond of stagnant water, and is frequently subject to ague. Called at 12.50; found os uteri 2½ inches in diameter. Pains poor and infrequent, and no change by 2.10, when I gave quin. sulph. gr. v. and ruptured the membranes. In half an hour the pains became strong and frequent, and the child was rapidly expelled at 2.50.

No. 2.—Third pregnancy. Lives next door to No. 1. Called at 8 A.M.; found os uteri 1½ inches in diameter. Pains feeble, and ten minutes apart. Dilatation, however, was complete at 10.30, when the pains became still feebler. At 11 gave quinine gr. vj; in ten minutes the pains grew strong, and in ten minutes more the head was born, going through the whole mechanism of descent in that time.

No. 3.—Fourth pregnancy. Lives on the edge of a partly-cleared woods, within a stone's-throw of a sluggish river, and on very low, swampy ground. Has been nursing a child in a bad attack of remittent fever. Labor began early in the afternoon. Pains were trifling, and at 5.45 P.M. the os was barely one inch in diameter. At 6.30 gave quin. sulph. gr. iv. Pains increased in twenty minutes. Dilatation was complete at 7, and birth occurred at 7.15, after a long and continuous pain.

It will be seen at once that these cases have one feature in common, viz., the presence of a malarial atmosphere. In the next three an attack of malarial poisoning was present at the time.

No. 4.—Second pregnancy. Six and a half months advanced. Has had two chills, and is now threatened

with miscarriage. Has some flooding, but the os uteri is but little patulous. Gave her small doses of quinine, relying on morphia and chloral with gallic acid to check hemorrhage. On the next day the flooding had ceased, but there was a good deal of pain, and the urine had to be withdrawn by catheter. On the next day, when a chill would naturally have occurred, the flooding was renewed profusely, and the os dilated so as to allow the introduction of the finger. I gave quin. sulph. gr. v, and morph. sulph. gr.  $\frac{1}{2}$ , every three hours, which soon ended the whole trouble. Quinine was continued at intervals, and gestation proceeded undisturbed until full term.

No. 5.—Third pregnancy. Was attacked August 16 by remittent fever, being nearly at full term. Vomiting was severe, and she was delirious during the first night of the fever. Morphia and bismuth were alternated with full doses of quinine. She had abdominal and lumbar pains from the commencement. After the first day the fever was kept in check by quinine, and on the 21st, although feeling almost entirely well, labor began naturally. The pains were excellent, and the labor short. Quinine was then stopped, and on the 25th, nine days from the first onset of the fever, nausea, delirium, and a violent exacerbation recurred, which was in return controlled by quinine. It is interesting to notice how little the fever interfered with the labor, but, in the light of the next case, a part of this result must be ascribed to the quinine.

No. 6.—Fifth pregnancy. Had had remittent fever for three weeks. Was at full term, and had had hemorrhage and teasing pains for two days. The os uteri was slightly dilated, and it was evident that nothing interfered with the termination of labor but inertia of the womb. I gave quinine gr. ij with tinct. ferri chlor. every four hours, and in twenty-four hours effective labor came on, and was soon terminated.

These are the only cases in which I could fairly attribute any useful action to quinine in regulating uterine contractions, excepting one in which two doses given half an hour apart caused copious vomiting, with the not uncommon effect of relaxing the parts and accelerating labor.

II. It would be tedious and unnecessary to describe at length the cases in which quinine had no perceptible effect. They occurred in more healthy neighborhoods and in women uninfluenced by ague. The drug was given in this series only for lingering, inefficient pains during the first or second stages of labor, which was an occurrence not of unusual frequency, as I have notes of double the number which were entirely normal, though delivered during the same period and in a malarious season. One case will suffice. Eight grains of quinine were given after partial dilatation of the os, the pains being tolerably regular but very inefficient, only wearing out the woman's patience. No effect whatever was produced for six hours, when a grain of opium was given, and labor terminated in two hours. The inference I have drawn from these cases is that inertia of the womb in labor or threatened abortion can be successfully combated by quinine only, in the presence of a definite attack of ague or a decidedly malarious atmosphere, but that it has no perceptible effect on the uterus uninfluenced by this disturbing agent.

DR. VOISIN, formerly physician to the Bicêtre, died in November last, at the age of nearly eighty.

## TRANSLATIONS.

### VON OPPOLZER'S LECTURES ON DISEASES OF THE CESOPHAGUS.

Being the latter portion of the first part of the second volume of Oppolzer's *Vorlesungen über specielle Pathologie und Therapie*, Erlangen, 1872.

Condensed from the German of DR. EMIL RITTER VON STOFFELLA

BY DR. J. SOLIS COHEN.

### GENERAL REMARKS UPON THE DISEASES OF THE CESOPHAGUS AND THE METHODS OF INVESTIGATING THEM.

DISEASES of the œsophagus are much less frequent than diseases of the rest of the digestive tract,—a circumstance attributed by Oppolzer to the thick epithelial coat with which the œsophagus is covered, and to its comparatively moderate vascularity. Both this infrequency of disease, and the difficulties so often encountered in determining the actual abnormal condition of the œsophagus, render it evident that the present state of our knowledge of œsophageal affections leaves much to be desired. As long as medical investigation progressed no further than symptomatic manifestations, all these diseases were included under the general head of dysphagia, subdivided into inflammatory, spasmodic, paralytic, organic, and "lusoric" (or, as Hamburger has recently sarcastically termed it, illusoric) (phantom?) dysphagia.

Recent scientific research has brought anatomico-pathological investigation to bear on these affections, and enables us to comprehend them much better than formerly, though not with the exactness characterizing our knowledge of the disorders of many other organs. The invention of the œsophagoscope, and the recent application, by Hamburger, of auscultation to the study of the œsophagus, give every promise of substantial additions, before long, to our knowledge of these diseases.

The most prominent indication of disease of the œsophagus is *dysphagia*,—difficulty of swallowing. In most instances, deglutition is impeded to a greater or less degree, partly on account of pain in the act, partly on account of some mechanical obstacle, tumor, constriction, spasm, or paralysis, etc., as the case may be. Too much weight, however, must not be accorded to this symptom, inasmuch as its cause may lie altogether outside of the œsophagus, on the one hand, and, on the other, because extensive disease of the œsophagus may exist without giving rise to the slightest impediment in swallowing.

*Pain* is sometimes entirely absent in œsophageal diseases, or present merely as a dull ache, this exemption being explained by the slight sensitiveness of the organ. Severe pain exists only in cases of abscess and in specially severe inflammations, such as result from scalds, or poisoning with caustic substances; while in simple catarrhal inflammation, or even pustulous inflammations (as in smallpox, etc.), there is, as a rule, no pain. Pain is sometimes localized; usually at the lower end of the tube, or beneath the manubrium sterni; and this may lead to error, if it is always inferred that the seat of pain indicates the seat of disease. The assertion of the patient as to the exact seat of pain cannot always be fully relied on, or, at least, only with a certain amount of probability as to its designating the seat of the disease in the œsophagus.

*Regurgitation of food* is another accompaniment of œsophageal disease, especially when dysphagia exists.

*Rumination*—chewing the cud, as it were—is a symptom which has been observed to accompany congenital dilatation of the œsophagus.

*Auscultation of the œsophagus*, so practically applied by Hamburger, gives the following results, in brief, in the normal subject:

1. *In the neck.* Listening through a stethoscope placed upon the neck in the vicinity of the hyoid bone, while the patient is swallowing fluid, we hear a strongly-marked metallic gurgling, due to the commingling of air with the swallowed fluid.

2. *In the thorax.* If the auscultation is made over that region of the œsophagus extending from the level of the cricoid cartilage to that of the eighth rib, we hear during deglutition a sound as if a small but firm spindle-formed body, circularly compressed by the œsophagus, was suddenly shoved noisily downwards. This last sound (the deglutition-sound) is either the sound of a smoothly-slipping substance, or that of the so-called clucking, in which case it is so loud that it masks the entire act of deglutition, and renders its auscultation impossible. The ear must be placed upon the posterior wall of the thorax, to the left of the vertebral column, because, auscultated on the right side, the sound is not so clear, but is dull, and as if coming from a considerable depth.

If the œsophagus is diseased, these auscultatory phenomena undergo many obvious modifications. Thus, for instance, in case of marked stricture, or rupture of the œsophagus, or obstruction by impacted foreign body, or obstruction from retention of the bolus in the pocket of a diverticulum, or also in case of paralysis or organic dilatation, we find that the act of deglutition cannot be detected by auscultation below a certain point, while it is distinct enough above that point. At other times an adventitious sound, such as that of friction, accompanies the smooth normal sound of deglutition, indicating roughness of the inner surface of the œsophagus, such as might accompany croup or diphtheritis of the œsophagus, the pustules of smallpox, large ulcers with ragged edges, polypous excrescences, etc. Under other conditions there is hissing or rustling sound, or a sound of sprinkling, or leaking, from which we may learn that the bolus does not acquire its normal spindle-like form, or that deglutition does not take place with normal rapidity. Then, again, we may learn from auscultation that the bolus does not pass vertically downwards as it should do in a condition of health, but that it takes an oblique direction towards the left or the right, or rises upwards again. This oblique deviation may be due to aneurism of the aorta, or to exostosis of the vertebrae.

*Inspection* is only of occasional value in diagnosing affections of the œsophagus. Tumors and abscesses are sometimes rendered prominent, and sometimes we observe the outlets of œsophageal fistulae. Inspection with the œsophagoscope is so difficult of execution, and usually so painful to the patient, that it can be resorted to with success only in the very rarest cases.

*Palpation* is limited externally to the region of the neck, and may detect the seat of pain or the seat of impaction of a foreign body. Mediate palpation is performed by the insertion of the œsophageal sound, the operation being known as catheterization of the œsophagus. These explorative examinations must be made with great care, lest by the exercise of too much force we rupture the organ or its mucous membrane. By this method we learn whether the direction of the œsophagus be normal; whether there is a stricture, or a diverticulum; whether its calibre is obstructed by a foreign body or a neoplasm; or we may determine the locality of an ulcer or of inflammation. The presence of pus or of blood on the end of the instrument is also important in a diagnostic view.

*Simultaneous auscultation and catheterization* is of great importance, as demonstrated by Hamburger. A peculiar tone is heard to follow the passage of the in-

strument, which can be utilized in locating more exactly the seat of various local affections, and in making topical applications to them.

(To be continued.)

**SICK-HEADACHE** (*British Medical Journal*, December 21, 1872).—In a report on the treatment of this distressing affection, Dr. Wilks recommends three remedies. To cut short an existing attack, he gives bromide of potassium in doses of gr. xv to xx. One dose is often sufficient. As a prophylactic, he uses the (tincture of?) cannabis Indica, a few drops thrice daily for some weeks.

Of guarana he says,—

"Thirdly, guarana has been introduced to our notice as a remedy for sick-headache, and here, again, we have a very valuable addition to our pharmacopœia. In many instances, especially those of ladies, I have had the most positive assurance given to me of the power of this drug in arresting headache, so that the slightest doubt can be entertained of its immense value. A dose is usually taken when the headache is approaching; and if this is not quickly successful in arresting it, a second powder is swallowed; after an hour or so, if the remedy is to be useful, the headache has disappeared. I know of several cases in which the greatest enthusiasm is expressed by patients as to its merits. At the same time, I am constantly hearing of cases where it has failed. I am now trying it in smaller doses by daily administration.

"I feel certain that these three drugs—bromide of potassium, cannabis Indica, and guarana—constitute a most important addition to our nervine medicines, and that in them we have remedies against a terrible complaint which, a few years ago, constituted the opprobrium of medicine. I might say that I know of cases where galvanism has very speedily cured a pain in the head; and I can call to mind the case of a lady, where the application of the bisulphide of carbon invariably relieved the most severe headaches."

**INTRABUCCAL RESECTION OF THE INFERIOR MAXILLARY NERVE** (*Ib.*).—Dr. A. Menzel has described in the *Archiv für Klinische Chirurgie* (Band xiii.) two cases in which a portion of the inferior maxillary nerve was successfully excised by the intrabuccal method, proposed in 1858 by Paravicini of Milan. One of the patients was operated on by Dr. Menzel; the other by Dr. Billroth. The incision was made along the anterior border of the ramus of the jaw; and, by tearing through some connective tissue with the finger, the nerve was reached at its entrance into the dental canal. Care should be taken to divide the nerve close to the bone, so that the lingual nerve may not be injured. Dr. Menzel also describes a somewhat similar case, in which he divided both the dental and the lingual nerves by the intrabuccal operation; and he believes that these are the first instances in which the operation was performed on the inferior maxillary nerve in the living subject. The intrabuccal method is said to possess the following advantages: freedom from danger; the possibility of resecting the nerve at a higher point; the absence of cicatrix and of facial paralysis, and of salivary fistula; and the facility of the operation.

**PILL FOR NEURALGIA** (*Georgia Medical Companion*, Dec. 1872).—

R Ext. of hyoscyamus,

Ext. of valerian,

White oxide of zinc, aa 3j.—M.

Make the mixture into sixty pills. One pill may be taken every three hours. This is an old and favorite prescription of the German and French physicians, and is mentioned in many of their works on therapeutics.

PHILADELPHIA  
**MEDICAL TIMES.**  
 A WEEKLY JOURNAL OF  
 MEDICAL AND SURGICAL SCIENCE.

*The Philadelphia Medical Times is an independent journal, devoted to no ends or interests whatever but those common to all who cultivate the science of medicine. Its columns are open to all those who wish to express their views on any subject coming within its legitimate sphere.*

*We invite contributions, reports of cases, notes and queries, medical news, and whatever may tend to increase the value of our pages.*

*All communications must bear the name of the sender (whether the name is to be published or not), and should be addressed to Editor Philadelphia Medical Times, care of the Publishers.*

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SATURDAY, FEBRUARY 1, 1873.

**EDITORIAL.**

**MEDICAL AND SURGICAL HISTORY OF THE REBELLION.**

IN the U. S. Senate, on Friday, January 17, 1873, Senator Anthony, from the Committee on Printing, reported the following resolution from the House of Representatives, without amendment, and asked for its consideration and passage. "By unanimous consent" (we quote from the *Congressional Globe*) "the resolution was considered and agreed to, as follows:"

"Resolved, by the House of Representatives (the Senate concurring), that of the five thousand copies of the medical and surgical history of the war authorized to be printed by joint resolution of Congress, approved March 3, 1869, two thousand copies shall be for the use of the House of Representatives, one thousand for the Senate, and two thousand for distribution by the Surgeon-General of the Army."

We are informed that Part First of the Medical and Surgical History of the Rebellion, the distribution of which is here provided for, consists of two large quarto volumes, with an aggregate of 1800 pages, twenty-five plates, and three hundred wood-cuts. The first comprises the classified consolidation of the sick reports for the whole period of the war, with which is bound an appendix of 365 pages, containing the medical directors' reports, and other documents. The second, or surgical volume, treats, in five chapters, of the special wounds and injuries of the head, face, spine, neck, and chest.

The following draft of a bill had been brought in by Senator Logan, on the 13th:

*"Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That the Secretary of War be, and hereby is, directed to have printed, at the Government Printing-Office, one thousand copies of the descriptive anatomical catalogue of the Army Medical Museum, in folio, for distribution to the contributors and collaborators of the museum.*

*"SEC. 2. That the amount of twenty thousand dollars, out of moneys in the Treasury not otherwise appropriated, be, and hereby is, appropriated for the preparation of the necessary engravings and lithographs for said catalogue, under the supervision of the Surgeon-General of the Army."*

We understand that this volume will comprise an account of the crania in the Army Medical Museum, handsomely illustrated, with the measurements of over one thousand skulls. It is greatly to be hoped that the importance of this most valuable addition to the scientific contributions from the Surgeon-General's office will be so clearly presented in Congress as to set aside any utilitarian opposition, and that the work will be at once authorized.

**A DESIRABLE MEASURE.**

WE observe, with much satisfaction, that an attempt is to be made, under the auspices of the Lancashire and Cheshire Branch of the British Medical Association, to obtain such statistics as may throw light upon the now obscure subject of the duration of infection. In a recent editorial, the *British Medical Journal*, after speaking of the inconvenience to school-teachers and parents, employers and employés, caused by uncertainty on this point, says that

"There are doubtless not a few practitioners who, when they are asked questions on this subject, boldly confess their ignorance,—a course which may raise them individually in the estimation of sensible people, but which will hardly raise the credit of medical science. Others, again, fix an extreme limit by way of being 'on the safe side,' and a third class endeavor to come as near the truth as their own experience or that of their *confrères* will allow. Naturally, there are great differences in these latter opinions as expressed to the public, and thus arises another source of the contemptuous opinion which is held of medicine by men of science."

The committee have had circulars printed for distribution to the profession, and schedules for recording cases observed, these circulars and schedules being suggestive of the points to be noted. Copies of them can be had on application to the Honorary Secretary of the Committee, Dr. Haddon, of Monkshall, Eccles, Manchester. We trust

copies of them may be sent to this country, in order that the same line of inquiry may be set on foot here.

And yet—under what auspices? We can scarcely think that the American Medical Association has within it any machinery adapted to this task, and we do not know whether any of the State or County Societies can undertake it with better prospects. Here, as often before, is felt the need of an organization which should be able to appeal to the profession with authority, and to claim its hearty and general co-operation,—a representative body, which should speak in the name of the physicians of the United States, by their appointment. Looking back over the history of our Association and its work, we do not think the most sanguine of its conservative friends can promise us any very satisfactory result in regard to the matter in question.

#### THE CENTENNIAL COMMISSION.

SOME time since we received from the office of the commissioners a copy of the minutes of the proceedings of the corporators for Pennsylvania of the Centennial Board of Finance, together with a circular from the President of the Board, asking us to give the cause the most earnest and effective support.

We hope, and we do not doubt, that the profession in this city and throughout the United States will take an active share in forwarding an object so patriotic. And yet it has not seemed to us that we ought to fill our columns with matter to which our readers would have such ample access in the secular journals. We shall therefore merely say that the plan has our most hearty concurrence, and our sincerest wishes for its brilliant success.

It may be well to mention again that the following gentlemen have been appointed the subscription committee for the medical profession: Dr. John B. Biddle, *Chairman*; Drs. Francis Gurney Smith, Jr., John Neill, Caspar Wister, and Edward Hartshorne.

#### SMALLPOX AGAIN.

UNPLEASANT accounts reach us of the prevalence of smallpox in Boston, and of a less severe visitation of it in Baltimore. The probabilities are against its attacking the people of this city with any degree of virulence this winter; but it would be the part of wisdom for our authorities to be on the watch against it. A thorough carrying out of sanitary measures among the lower orders, the greatest care to vaccinate all the unprotected,

wherever found, and the prompt isolation of any cases of the disease as soon as they occur, may save a vast amount of trouble. Last winter's lessons should not be lost upon us.

#### PROCEEDINGS OF SOCIETIES.

##### BIOLOGICAL AND MICROSCOPICAL SECTION OF THE ACADEMY OF NATURAL SCIENCES.

January 6, 1873.

DIRECTOR W. S. W. RUSCHENBERGER, M.D., in the chair.

PRESENT, Drs. J. G. Hunt, McQuillen, I. Norris, and Richardson; and Messrs. Corlies, Warner, and Trueman.

The Corresponding Secretary, Dr. J. H. McQuillen, presented a fine specimen of Nottingham tripoli, donated to the Section by Dr. Philip T. Tyson through Dr. J. Cheston Morris.

The report of the committee upon Dr. Fricke's paper, recommending it for publication in the *Philadelphia Medical Times*, was accepted, and the committee discharged.

Dr. J. G. HUNT called the attention of members to some beautiful specimens of vegetable structures which he had adjusted beneath the microscope, and remarked that the popular method of studying botany fails to give the student much definite information in regard to the structure of plants. To ascertain the name of a plant by reference to some "analytical key," then to press it between brown paper and entomb it in an herbarium, should not any longer be regarded as scientific botany.

Minute organization, which undergoes no change, at least none during the ordinary life of the student, and not the ever-changing classifications of authors, shall be the subject of my remarks this evening.

I hold in my hand a portion of *Sarracenia vasiolaris*, obtained from Florida. Its habitat is the swamps of hot countries, and its appearance even to ordinary observation is peculiar and beautiful. From two to five or six radical leaves constitute all the foliaceous parts of the plant, and these leaves are fashioned into hollow vessels, which have been compared to pitchers. Commencing near the ground in a narrow cavity, they gradually enlarge towards the top to an inch or two in diameter, and are found sometimes eighteen inches in length. Overhanging this wild forest-pitcher is a lid, formed by a prolongation of the leaf. It is to the minute structure of the *internal* surface of this pitcher that I will ask your attention. We will commence at the top, and travel, in thought, to the bottom. There are preparations on the table, stained with aniline, and mounted in damar, to illustrate its structure.

A zone of stiff spines surrounds the pitcher in its upper part, and extends about an inch downwards; each spine projects into the cavity about the one-sixtieth of an inch, while the points of all are directed downwards. These spines are exceedingly acuminate, much more so than it is possible to make a needle, and their walls are ribbed with exceedingly delicate lines of cellular deposit, which converge to the points, looking not unlike the so-called lines on some diatoms, only these are true lines.

It is very curious to observe how these spines diminish in size but increase in number as we descend the pitcher, until we come to a second zone quite encircling its cavity, which is here covered entirely by diminutive spinous projections, each about the one-six-hundredth

part of an inch long and remarkably uniform in size, and so closely imbricated as to resemble, in arrangement, the scales on a fish. It requires delicate optical arrangements to detect all the beautiful details of structure in this middle zone of *Sarracenia*, and oblique light, in which so many microscopists delight, will be found necessary to reveal the delicate converging striations on the spines.

The two zones I have mentioned, while structurally dissimilar, are dotted quite thickly, but especially the upper one, with beautiful little glands, which sparkle like rubies when properly tinted with aniline. These glands are imbedded just under the epidermis, and open by minute orifices between the spines. Several straight-sided cells, arranged around little cavities, build up their walls.

Stomata, too, are scattered sparingly through the upper zone of spines, and each stomatal cell is engraved with faint lines which converge towards their free margins.

The third or lowest zone carries on its surface slender flexible filaments of far greater length, and placed more thickly together; a dense forest, in fact, whose innumerable filaments, curved downwards, interlock with those on the opposite side, making thus a trap across the narrow pitcher, through which an insect might readily enter, but from which it could not possibly escape.

These curious traps are set in the swamps, and we find them often containing many insects which have been lured to drink of the strange intoxication found therein, but, like bigger bugs of other genera, were not always to retreat.

*Method of Investigation.*—To examine the surface of our plant simply as an opaque object, would give no conception of its true structure. We must have a process, therefore, applicable to all such investigations. Cut from the plant pieces about half an inch square, and put them in a test-tube with one part water and two parts nitric acid, and heat until the tissues can be separated easily. Then decant into clean water, and wash gently to remove the acid. It will be easy now to separate the tissues with forceps or needles, and those parts which show structure best may be put in clean water preparatory to staining. Make a solution of rose aniline in distilled water to which a little alcohol has been added, and immerse your preparation for one or two days, or until the desired tint is obtained. Have your staining solution quite dilute, and allow time for the tinting. Most stained preparations of both animal and vegetable tissues are worthless, because too much color obscures all delicacy of structural detail. All that I aim at in staining is to differentiate parts which are really structurally dissimilar, but yet so alike in transparency as to escape notice without the tinting; and, when used in this way, coloring becomes a more delicate process of discrimination than polarized light. If the staining has been conducted properly, the liquid remaining in the vessel will be quite clear; *all color will be taken up by the preparation.*

Now transfer to camphor-water, in which the specimen thus prepared may be preserved indefinitely, or be sealed up in a cell, using the same liquid for a preservative. Acids or alkalies should never touch an aniline preparation.

This process of examination, or its equivalent, I have practised for ten years, and it gives results which I have not seen equalled otherwise.

If it be desired to preserve the specimen in damar, the process is not difficult. The only hazard is too much structural change by shrinkage, or entire loss of color. Both these calamities may be entirely avoided. Float the preparation from the camphor-water upon a slide, and cover with another glass, and *very gently tie a string around both*; then immerse in absolute alcohol,

if you can get it, for a few hours; then transfer to *alcohol and oil of cloves, equal parts*, and when thoroughly saturated, remove the preparation from between the glasses, and, if clean, mount in damar. Nearly all delicate vegetable tissues, if carefully manipulated in this way, may be mounted in damar, and kept *permanently*,—thus avoiding cells, which have been known to leak,—and yet retain all their delicate aniline tinting, without contraction or too great transparency, or other structural alterations, which so often render this kind of work unfit for scientific study.

Mr. WARNER inquired whether it was known what kind of a digestive process, if any, flies and other insects underwent after being caught in the manner described by the leaves of the *Sarracenia*.

Dr. HUNT replied that although the flies went into the cavities of the leaves, and, not being able to find their way out, died there, we are as yet destitute of a single atom of evidence that the plants accused of the diabolical cruelty of fly-catching are really guilty of that crime.

Mr. Warner observed that, since this process of fly-catching and killing had evidently been going on in this same way for centuries, it seemed to him probable that there was some object in the operation, and therefore that it formed some unexplained part in that grand scheme which was called, when he was a boy, "the economy of nature."

Dr. HUNT added that the leaves of the *Dionaea* or *Venus' fly-trap* shut, it is true, upon insects, and sometimes crush them in their folds; but these supposed carnivorous leaves will close upon a piece of cheese, or a small gravel-stone, with equal readiness, and compress such inanimate objects with equal force.

Dr. RICHARDSON inquired what were the further steps of the process by which such admirable mountings in damar varnish as those exhibited were finally completed.

Dr. HUNT answered that, when the specimens were prepared, a slide was to be warmed, a pretty large drop of the damar varnish placed upon its middle, and heated until sufficiently hardened to no longer flow freely; then add another drop of the varnish, immerse in this the specimen, heat the thin glass cover and lay it on, avoiding air-bubbles, and finally harden the varnish to complete firmness by the continued application of the spirit-lamp. Finish by cleaning off the excess of varnish with a soft rag dipped in alcohol, and putting on a smooth ring of the damar, and not of asphaltum varnish.

Dr. J. G. HUNT also showed beneath the microscope specimens of a variety of the common truffle (*Tuber nitidum* (?), discovered near the Schuylkill River, above Philadelphia, and stated that, as far as he was aware, this was the first time the fungus had been found growing wild in America.

Dr. HUNT likewise called the attention of the members to a modification of the German method of imbedding, as recently described by Dr. Tyson, which consisted in using the ordinary brass section-cutter as a mould for the paraffine, instead of making a mould for that substance out of a cone or box of paper.

Dr. Richardson remarked that this so-called improvement would have the great disadvantage of preventing the operator from cutting his thin sections in any plane except that which happened to lie exactly at right angles to the axis of the section-cutter. Practically he had found it exceedingly advantageous to be able to turn in the fingers the lump of paraffine containing, for example, a piece of kidney, so as to cut first a longitudinal, then a transverse, and finally a diagonal section of the uriniferous tubules.

Dr. HUNT admitted that this cutting thin slices in various directions might be useful in some cases, but

observed that without the aid of the section-cutter it was almost impossible to obtain thin sections of half an inch or more in breadth, and that he believed it was only by the preparation and study of such specimens that we could penetrate the secrets of pathology and discover wherein consisted the exact primary alteration of structure which occurs, for example, when healthy tissue first becomes the seat of cancerous growth.

At the suggestion of Dr. Hunt, it was resolved on motion that a committee be appointed to consider the subject of holding a meeting for the purpose of exhibiting and comparing microscopes, microscopic apparatus, and specimens; to which duty Drs. Richardson, J. G. Hunt, and I. Norris, Jr., were appointed.

### PHILADELPHIA COUNTY MEDICAL SOCIETY.

VICE-PRESIDENT J. G. STETLER in the chair.

**A**T a conversational meeting held January 8, 1872, at 8 o'clock P.M.,

Dr. W. B. ATKINSON referred to a case of haematuria of a severe character. To-day a large amount of blood and urine was passed, which when tested was found to contain albumen. The patient had an attack three years ago of a similar character. He had recommended to the attending physician the use of benzoic acid.

Dr. H. Y. EVANS asked Dr. Atkinson upon what theory he gave the benzoic acid.

Dr. Atkinson said he had prescribed it on the authority of Carl Braun of Vienna. He had used it in other cases with success.

Dr. O'HARA said that, previous to the appearance of albumen in the urine, one can detect an antecedent stage of Bright's disease by the use of tinct. of gall as a test; there is an immediate precipitate of blood extractives, and it is positively asserted that one can thus be prepared for the advent of the albuminuria in all cases. In pregnant cases the disease disappears frequently of itself after labor. The remedies are numerous, but iron, quinine, and belladonna, and various other remedies, are useful. He could not understand the philosophy of using benzoic acid.

Dr. Atkinson said he had seen the albuminuria cease before delivery in cases of pregnancy, and that the patient's condition was markedly improved by its use. Dr. Atkinson asked Dr. H. Y. Evans in what manner he would treat haematuria.

Dr. Evans replied that he would treat it on general principles,—improve the patient's condition, by means of large doses of the tincture of the muriate of iron, opium, alcohol, and quinia.

He had seen in *The Medical Times and Gazette* nitro-muriatic acid highly recommended.

Dr. O'Hara remarked, if the albumen disappeared in these puerperal cases a few days prior to labor, according to his understanding, benzoic acid would have a lifting or motive power. He did not consider the Bright's disease of pregnancy due to dyscrasia, but rather to pressure and tension, with passive congestion of the kidneys and its associate organs. It would be found that albuminuria had no necessary connection with convulsions. A not uncommon form of convulsions was that associated with the casting-off of a foetus at four, five, or six months, and which he had generally found fatal, and the urine not albuminous.

Dr. Atkinson made the inquiry,—if albuminuria in pregnant women was due to pressure, why did they not all have it?

Dr. STETLER asked Dr. Atkinson whether the albumen was more copious than he would expect to find in hemor-

rhage, especially where a considerable amount of the serous portion of the blood or liquor sanguinis had escaped; also whether he had made a microscopic examination of the urine.

Dr. Atkinson replied that no microscopic examination had been made. The urine was obtained as free from blood as possible. In reply to Dr. WELCH, he stated that the blood was from the kidney, and that there was no stone in the bladder.

Dr. N. HATFIELD remarked that blood coming from the kidney would be disintegrated by the urine, and would not coagulate. It was most likely from the bladder.

Dr. Evans said that, as a rule, the blood from the kidneys in chronic haematuric cases is so altered by the acids of the urine by the time it passes from the bladder that it does not coagulate; though in cases of mechanical violence, almost pure blood will pass, coagulating without artificial means.

At the stated meeting of the Society, held January 15, 1873, at 4 o'clock P.M., Dr. J. G. STETLER, Vice-President, in the chair, the following officers and delegates were chosen by ballot for the ensuing year:

*President*, Dr. William B. Atkinson.

*Vice-Presidents*, Dr. Henry H. Smith, Dr. H. St. Clair Ash.

*Recording Secretary*, Dr. Henry Leaman.

*Assistant Recording Secretary*, Dr. Lemuel J. Deal.

*Corresponding Secretary*, Dr. William Goodell.

*Treasurer*, Dr. William M. Welch.

*Censor*, Dr. N. L. Hatfield.

### REVIEWS AND BOOK NOTICES.

**SURGICAL DISEASES OF INFANTS AND CHILDREN.** By M. P. GUERSANT, Honorary Surgeon of the Hôpital des Enfants Malades, Paris, etc. Translated from the French by RICHARD J. DUNGLISON, M.D. 8vo. pp. 354. Philadelphia, Henry C. Lea, 1873.

The great reputation of the author of this work was well earned. We can bear witness to the gentleness and skill with which he ministered to the little patients in his hospital-wards, and to the value of the lectures he gave. But since these lectures were published in the original, surgery, both as science and as an art, has made great strides; and the practitioner of the present day will find even this excellent translation of little use. As an addition to the classical literature of the profession, however, we give it a cordial welcome.

**AIDS TO THE DIAGNOSIS OF DISEASES OF THE KIDNEYS.** By W. R. BASHAM, M.D. 8vo, pp. 48. Philadelphia, Lindsay & Blakiston, 1872.

"It has appeared to the author that what has been of use to himself may be of advantage to others." This, the author's initial sentence, is the keynote of his effort. The work is small,—forty-eight pages,—and contains ten plates; each plate giving six microscopic views. The text is but the explanation of the plates,—the story of the pictures, which refer to actual cases, forty-one in number, detailed in the book. This is an ingenious way of impressing microscopical appearances upon the mind; the book being only of use, however, to the practitioner who is also a close investigator and user of his microscope in daily work. To such it will prove highly suggestive, and a real aid. Not so bulky as to repel, but short and concise, such a book not only aids us in clearing up doubtful diagnoses, but suggests, oftentimes, the true explanation of cases whose real nature has been totally unsuspected.

## BOOKS AND PAMPHLETS RECEIVED.

The Pharmacopœia of the United States of America. Fifth Decennial Revision. By authority of the National Convention for revising the Pharmacopœia, held at Washington, A.D. 1870. Small 8vo, pp. 383. Philadelphia, J. B. Lippincott & Co., 1873.

Diseases of the Ovaries: their Diagnosis and Treatment. By T. Spencer Wells, Fellow and Member of Council of the Royal College of Surgeons of England, etc. etc. 8vo, pp. 478. New York, D. Appleton & Co., 1873.

The Philadelphia Medical Register and Directory. Edited by John H. Packard, M.D., Secretary of the College of Physicians of Philadelphia. Third Edition. Crown 8vo, pp. 307. Philadelphia, Collins, Printer. 1873.

Report to the Secretary of War in regard to Quarantine on the Southern and Gulf Coasts. By Harvey E. Brown, Assistant Surgeon U.S.A. 8vo, pp. 117. Senate Document.

Illustrations of the Influence of the Mind upon the Body in Health and Disease. By Daniel Hack Tuke, M.D., M.R.C.P., etc. 8vo, pp. 415. Philadelphia, Henry C. Lea, 1873.

The Practice of Surgery. By Thomas Bryant, F.R.C.S., Surgeon to Guy's Hospital. With 507 Illustrations. 8vo, pp. 984. Philadelphia, Henry C. Lea, 1873.

Contributions to Mental Pathology. By I. Ray, M.D., Author of "Medical Jurisprudence of Insanity," etc. 8vo, pp. 558. Boston, Little, Brown & Co., 1873.

## GLEANINGS FROM OUR EXCHANGES.

ARTIFICIAL PLACENTAL RESPIRATION (*Medical Examiner*, Dec. 15, 1872).—At the meeting of the Chicago Society of Physicians and Surgeons, held Nov. 12, a paper, avowedly a suggestion only, was read by Dr. John Bartlett, entitled *Artificial Placental Respiration*.

Dr. Bartlett suggested, in certain cases in which the after-birth is extracted or extruded before the child, the following practice: *directly upon the detachment of the placenta, immerse it in the fresh, warm, defibrinated blood of some animal, as the sheep; change the blood as often as practicable, and aerate it by means of oxygen gas.*

Dr. Bartlett considered the statements going to show that the life of the fetus was not momentarily dependent upon the purification of its blood through contact with the maternal circulation, too numerous to be disregarded. Three classes of cases in which the fetus had for a considerable time survived a separation from the maternal circulation, were cited. In one class, the child maintained life in the dead body of the mother; in a second, the fetus survived separated from the mother, its relations with the after-birth and membranes being retained; in the third, the child remained alive *in utero*, while the placenta was without the mother.

The circumstances and conditions under which the fetus may, for a considerable time, continue its life after the disruption of its placental relations to the parent, seemed to be such as left the after-birth in situation, in some measure, to perform its branchial functions.

Dr. B. proceeded to point out by what simple processes of absorption and exhalation the embryo in the lower forms of vertebrates, and in man in the earliest stages of embryonic existence, was nourished. He said that the relation of the placenta of the chick to

the albumen of the egg—its immersion in a fluid through which it absorbed oxygen and exhaled carbonic acid—was exactly such as he proposed to establish between the fetus and the blood in which the placenta was immersed.

In regard to the probabilities of the simple immersion of the placenta in arterial blood proving adequate for the temporary respiration of the fetus, the essayist called attention to the rapidity with which absorption took place through even the smallest abraded surfaces. The placenta presented fifty square inches of serous, and the like extent of fresh surface through which the necessary interchange of gases might take place. In referring to the anatomy of the placenta, the language of Owen was quoted: "The placental inter-communication is carried on by the contact of the fetal capillaries with the *maternal extravasated blood*." In this expression, Dr. Bartlett regarded his suggestion as foreshadowed.

Artificial placental respiration would prove available in those cases of *placenta prævia* in which the after-birth is detached, whether by the efforts of the uterus, or by the accoucheur. It might also offer an additional chance of resuscitation to the asphyxiated child, where the placenta is also delivered.

On account of the difficulty of obtaining blood of an inferior animal just when needed, Dr. Bartlett suggested that the addition of phosphate of soda and oxygen gas to water might render it a substitute. In some cases, the blood escaping from the mother might be made use of.

PREVENTION OF MISCARRIAGE BY HYPODERMIC INJECTIONS OF MORPHIA (*American Journal of the Medical Sciences*, Jan. 1873).—Dr. A. B. Isham, of Cincinnati, after detailing three cases of success obtained by this plan, says,—

"All the advocates of opium, with the exception of Tyler Smith, Byford, and Tanner, advise its administration per rectum. This is probably because the irritable stomach so common in cases of threatened miscarriage may not tolerate so nauseous a medicine as opium. In the manner of administration may have been the small measure of success. It is well known that medicaments introduced into the rectum act in a very uncertain manner; and it will be readily seen how opium or its alkaloids, given *per orem* to a patient vomiting and retching, might fail to avert a miscarriage. Just where these means have failed and will fail again, is where the hypodermic injections would prove invaluable.

"It is useless to enjoin quiet. The patient is not likely to be quiet, suffering the pains incident to uterine expulsive efforts, her mind perturbed by fears for her own welfare and that of her child. Too often, too, the fruit of conception is regarded as an incumbrance, which it would be happiness to lose, and constant activity is one of the most popular recipes to the attainment of such end. Cold applications, leeching and blood-letting, would prove in most instances a waste of precious time; besides, at this day, such practice would be esteemed a barbarity, and not without some reason.

"The prime elements of danger to the life of the fetus are—*first*, muscular contractions of the uterus, and *second*, hemorrhage. The latter most commonly results from the operation of the former; but it matters nothing as to the many and various causes tending to produce these phenomena. Considerations of safety imperatively demand a speedy arrest of uterine muscular action and hemorrhage, securing which, we may go about investigating and correcting the causes with comparative leisure.

"The use of morphia by hypodermic injection is the most speedy and certain means we possess of effecting such desiderata. It will do even more. Its influence

spreads over the brain, and at the same time that it suspends contraction of the uterine muscular fibres it insures quiet and rest to the whole system, even against the patient's will. It is applicable to any case of threatened abortion, and I believe that its general use would render success at least equal, if not the rule, instead of the exception, as now announced by obstetricians. Of course I am aware that there are occasional individuals who do not well bear the exhibition of opium in any form, but I hold with Byford (Theory and Practice of Obstetrics, p. 171): 'I do not forget, in thus speaking freely about the use of opium, that peculiarities in some persons make it almost useless; yet I remember the unreliability of other remedies in these cases, and risk such disagreements.'

THE PATHOLOGY OF CEREBRAL HEMORRHAGE (*British Medical Journal*, Nov. 9, 1872).—Dr. Zenker, of Erlangen, in a communication made to the last meeting of the Society of German Naturalists and Physicians, confirms in its essential points the statement made several years ago by Charcot and Bouchard, and by Dr. H. Charlton Bastian, that the disposition to cerebral hemorrhage consists in the formation of minute aneurisms. Having examined all the cases of spontaneous cerebral hemorrhage that have come under his notice during several years, Dr. Zenker in every instance found milia aneurisms, both in the wall of the hemorrhagic deposits, and in other parts of the brain. They appear to the naked eye as little fluctuating tumors as large as a pin's head (rarely larger), and assume all the ordinary forms of aneurism. Usually the inner coats of the vessel give way, and a dissecting aneurism is formed. The disease may remain at this stage for some time, or there may even be recovery, a small pigmentary mass being left. In other instances, all the membranes burst, and hemorrhage into the brain takes place.

As to the origin of these minute cerebral aneurisms, Dr. Zenker does not entirely agree with MM. Charcot and Bouchard. These observers have called in question the dependence of these aneurisms on atheromatous degeneration; Zenker, however, is convinced that they have their origin, just like aneurisms of the larger vessels, in atheromatous disease of the inner coat of the arteries. These minute aneurisms may indeed be present, without any evident sign of disease in the arteries at the base of the brain. On microscopic examination, however, of the aneurisms and of the arterial twigs on which they are seated, the inner coat is found to present changes corresponding to the uneven thickening which occurs in atheroma of the larger vessels. Thus the researches of Charcot and Bouchard do not subvert the old doctrine of the dependence of cerebral hemorrhage on vascular degeneration, but give it an important confirmation.

FETAL FEMUR IMBEDDED IN THE UTERUS. By Dr. Evory Kennedy, late Master of the Dublin Lying-in Hospital (*The Doctor*, Sept. 1, 1872).—A lady was brought to me from the country, anaemic, wasted, and with a countenance expressive of pain and suffering. She had a constant fetid vaginal discharge, purulent, and occasionally sanguous. She was said to have miscarried a year before. She complained of pelvic distress, with lumbar pains and frequent micturition. On vaginal examination, the uterus was found about double its natural size. The os was slightly patulous, and a solid hard resistance was experienced on introducing the finger. The os was gradually dilated with a two-bladed uterine dilator constructed for the purpose, and a bony substance was distinctly felt traversing the neck of the uterus at the junction with the body of the organ. This was so deeply imbedded in the walls of the uterus that neither extremity could be dislodged.

I introduced a pair of small beaked bone-forceps, constructed for the purpose, broke the bone across, and extracted piecemeal the femur of a foetus of about four months' development, which had been all the time imbedded in the walls of the uterus, which was converted into an abscess by the presence of what should have been its natural occupant, thus forming an unnatural nidus in its walls in place of its cavity. The discharge subsided, and the lady recovered her usual health; but the look of health was never quite restored. She, however, bore children after an interval of six years, and the uterus appeared to have quite regained its normal condition.

THE CIRCULATION IN THE SPLEEN (Olga Stoff and Sophie Hasse, of Petersburg: *Centralblatt f. die Med. Wiss.*, No. 48, 1872).—These two ladies have performed their investigations in the laboratory of Prof. Frey, in Zurich, who corroborates the statements and conclusions drawn from their work.

The object of the investigations has been to decide between the assertions of Billroth, Schweigge, Seidel, and Kyber, and those of W. Müller and Frey.

The former hold that the circulation is performed in an unbroken circuit, while the latter contend that between the finest arterial capillaries and the beginning of the venous blood-vessels there is a system of lacuna through which the blood passes on its way from the arterial to the venous system.

The spleens of a variety of animals, beasts, birds, and fishes, as well as of man, have been examined by Stoff and Hasse. Uninjected preparations are hardened in "Müller's fluid" and alcohol. Thin sections are then made, and colored with carmine or haematoxylin.

In such preparations, lymph-cells, as well as blood-corpuscles, were easily found, lying "free in the meshes of the reticulum of the pulp." This arrangement is still more distinctly seen by the careful use of the hair-pencil upon the preparation.

In the Malpighian corpuscles, however, the reticulum is found to contain no red blood-corpuscles in its meshes.

The lacunar system is especially well seen in specimens injected with the gelatinous mass. In such preparations these observers found only once the direct passage of an arterial capillary into the initial portion of a capillary vein. In all other cases the existence of the intermediate lacunar system was rendered very clear.

EFFECT OF STIMULI ON THE SECRETION OF THE PAROTID GLAND.—Mr. P. Butler Stoney, late Resident Physician in St. Bartholomew's Hospital, relates (*Journal of Anatomy and Physiology*, Nov. 1872) some experiments made by him in a case of parotid fistula. The following were his results:

1. That mastication alone stimulates the flow of saliva from the parotid to a considerable extent.
2. That the effects of taste vary with the sapid substance, sugar having no effect, while tartaric acid acts most powerfully.
3. That sapid substances act equally when applied to the tip and base of the tongue.
4. That the effect of mastication and taste together is much greater than that of mastication alone.
5. That mental stimuli had a considerable effect in one experiment, but in others none at all. These results accord in some respects with those obtained by Schiff in his experiments on dogs, though differing from them in others. This physiologist observed that mastication alone had little or no stimulating action on the parotid secretion in dogs; and Dr. Brunton informs me that he has found this to be the case also in rabbits, while in the experiments above described the action was very distinct. The effect of the application of sugar and tartaric acid to the tongue of dogs was the same as that observed by me. The slight effect of purely mental stimuli in this case is remarkable, as the

parotid is stated by Kühne to be readily affected by them, but this may have been due in great measure to the character of the patient, who seemed to be dull and unimaginative. An experiment was also made for the purpose of determining the time required for the absorption of drugs and their excretion by the saliva. For this purpose iodide of potassium was administered, and the saliva constantly tested till it appeared. The time which elapsed between its administration by the mouth and its appearance in the saliva from the parotid duct was found in one experiment to be 29 minutes and 30 seconds.

**CAUSE OF SLEEP.**—Obersteiner (*Archiv für Psychiatrie*, Bd. 29) considers the proximate cause of sleep to be the accumulation of acid products in the brain, just as in the case of muscular fatigue. The periodicity is merely a matter of custom, like many other bodily functions. All conditions which interfere with the conveyance from the brain of acid combustion-products tend to induce sleep, and all conditions which favor their removal have a contrary effect. The conditions lie chiefly in the state of the circulation. Active hyperæmia in this way prevents sleep. Passive hyperæmia or venous congestion has an opposite effect. Anæmia, by diminishing the activity of interchange between the blood and tissues, favors sleep. Changes in the chemical constitution of the blood, as by narcotics, interfere with the absorption and excretion of the acid products, and hence cause sleep. He compares the cerebral vessels to the bronchial vessels, destined only to nourish the tissue. The real initiative to cerebral action proceeds from the nervous system itself. Hence, to allow of rest from the ordinary association-links of cerebral action, the brain must be disconnected from outward stimuli. When this is done, a tendency to sleep ensues; so also if one impression is kept up long. The continuance of an impression is equivalent to none at all. The will acts as a sort of inhibitory centre to the reflex cerebration. In sleep this is at rest; and hence cerebration shapes itself into dreams. These may be conditioned by stimuli which are not of sufficient intensity to rise into consciousness.

**PoISONING BY ACETATE OF BARYTA.**—In *L'Union Médicale*, M. Lagarde, of Verdun, describes in detail a case of death from the acetate of baryta, and the grave symptoms that he himself experienced from swallowing several grammes of the potion. The doctor had prescribed thirty grammes of the sulpho-vinate of soda for a rheumatic patient. One hour after having taken about a third of the dose, the patient was pale, the features were pinched, the skin was cold, the power of speech was abolished, the respiration was imperfect, voluntary movement was impossible; there was a disgusting taste in the mouth. M. Lagarde tasted the potion, and perceived that a mistake had occurred. The patient having vomited a good deal, the doctor directed his attention to the application of heat. Death soon occurred. M. Lagarde, who had forgotten the draught that he had tasted in order to tranquillize the patient, was taken with serious symptoms three or four hours afterwards,—paleness of the face, and paralysis successively of the arms, legs, muscles of respiration, sphincters of the bladder and rectum; the intelligence was preserved. M. Lagarde thought himself dying, but the symptoms subsided, and eventually disappeared; for a month, however, the doctor, who had become much emaciated, was weak and suffering.

According to M. Wurtz, the salts of baryta are dangerous not so much by the local irritation they produce, as by the action they exercise upon the nerve-centres, and particularly upon the spinal cord.

**THE TOPOGRAPHY OF THE URETERS IN THE FEMALE** (H. von Luschka: *Arch. f. Gynäkologie*, iii. 373—

380: quoted from the *Centralblatt f. die Med. Wiss.*, No. 41, 1872).—The average length of the female ureter is 26 centimetres, and its thickness about 5 millimetres ( $\frac{1}{2}$  in.). The abdominal portion gains a diagnostic importance, since, in cases of excessive retroflexion of the uterus, it is of practical interest that this portion of the ureter on the left side may, from its situation, communicate, by ulceration and adhesion, with that part of the sigmoid flexure which inclines towards the rectum.

That part of the ureter which passes through the inferior pelvis pursues a very oblique course, from behind forwards and from without inwards. The relations sustained by this part of the ureter to the uterus are very important as well as varying, from the physiological mobility of the latter organ. More frequently the uterus inclines towards the right ureter, since the rectum obliges it to assume that position. Beneath the peritoneal limits, the ureters run through the peritoneal connective tissue, and subsequently cross the lateral end of the base of the broad ligaments. The assertion that the ureters descend through Douglas's space to the fundus of the pelvis is incorrect, according to Luschka. After crossing the round ligament and passing under the hypogastric artery, both ureters reach the supravaginal portion of the cervix uteri.

In the region of the fundus of the vagina, the ureters are only about one-fourth of an inch from the vagina, and finally touch its anterior wall for a distance of  $1\frac{1}{2}$  centimetres (half an inch). With the exception of this locality, the ureters are separated from the genital organs by connective tissue and venous plexuses. These relations are especially important for "the where" and "the how" in cases of uretero-vaginal fistulae.

**SUPPRESSION OF PERSPIRATION** (*Centralblatt*, No. 44, 1872).—Socoloff gives an abstract of the results which follow varnishing of the skin and suppression of the cutaneous secretion:

1. A few hours before the death of the animals so treated, clonic and tetanic spasms appear in various groups of muscles, while the temperature in the rectum sinks in a marked degree.
2. Enveloping the animals in wadding did not serve to raise the temperature or to arrest the fatal result.
3. Respiration of oxygen proved ineffectual to resuscitate the animals.
4. In the stomach ulcers were observed, the result of deep extravasations.
5. Albumen appeared in the urine very soon after the skin was varnished.

6. In all cases a diffuse parenchymatous inflammation of the kidneys was observed,—sometimes swelling of the cells, and sometimes fatty degeneration. This result was independent of the nature of the varnish used, whether turpentine varnish, gelatine, or gum.

Lang (*Arch. der Heilkunde*, 1872) investigates the cause of death when the skin has been varnished. In addition to other phenomena, he found an hour or two after death "triple phosphate" crystals in various parts of the body, and some of the uriniferous tubules blocked with a finely granular dark mass. He thinks that the triple phosphate crystals are the result of decomposition of urea, and that the cause of death is uræmia.

**VARIATIONS IN WOMEN'S MILK RESULTING FROM INSUFFICIENT FOOD** (*London Lancet*, Sept. 1872).—Dr. Decaisne lately reported to the Académie des Sciences the results of his observations on forty-three women who suckled their infants on insufficient food during the siege of Paris. Such women either produced abundant and good milk and their children thrrove, whilst they themselves became greatly emaciated, or they produced but little milk and that of a bad quality, so that the children thrrove badly, and for

the most part suffered from choleraic diarrhoea; or, lastly, they produced scarcely any milk, and the children died. The following table shows analyses from the three various types:

	Butter.	Casein.	Albumen.	Salts.	Sugar.
1.	Fasting ....	3.10 ....	0.24 ....	2.20 ....	0.20 ....
	Well fed ....	4.16 ....	1.05 ....	1.15 ....	0.30 ....
2.	Fasting ....	2.90 ....	0.18 ....	1.95 ....	0.16 ....
	Well fed ....	5.42 ....	1.15 ....	0.95 ....	0.25 ....
3.	Fasting ....	2.95 ....	0.31 ....	2.35 ....	0.31 ....
	Well fed ....	4.10 ....	1.00 ....	1.75 ....	0.31 ....
					5.95

It is interesting to notice that the albumen and casein taken together are nearly the same both in the fasting and the well-fed state, though they seem to have an inverse relation to each other.

**TREATMENT OF ANTHRAX BY SUBCUTANEOUS ASPIRATION** (*Le Mouvement Médical*, January 4, 1873).—We believe that the most effective treatment of anthrax is by crucial incision. Anthrax may also be opened subcutaneously (J. Guérin); an operation which has the advantage of being less painful than the preceding. For timid patients the following treatment may be of service: The canula of a hypodermic syringe is introduced into the centre of the tumor, and pus, if any be present, will rise on drawing the piston. The syringe is detached and emptied, leaving the canula in the tumor; it is then readjusted to the canula, and the piston drawn so long as pus continues to rise; when the pus is completely evacuated, the canula is taken out, and the following preparation is applied to the tumor:

R Collodion, 4 grammes,  
Castor oil, gtt. xx,  
Phenic acid, ogr. 25,  
Tannin, 1 gr. 30.

The applications are to be made until a sufficiently thick layer is obtained.

**RUPTURE OF THE UTERUS.** (*Le Mouvement Médical*, December 21, 1872: by De Soye).—The case is that of a woman with a slightly contracted pelvis, and pregnant for the second time. When the head became engaged, a spontaneous rupture occurred immediately above the cervix, measuring five or six centimetres. Flooding ensued, and the patient died suddenly. According to MM. Chantreuil, Cornil, and Lucas-Champonnière, there is, probably, in cases of rupture, a degeneration of the muscular fibres of the uterus. M. Chassaignac recalls some researches that he made in conjunction with Dezeimeris, pointing to a friability of the uterine fibres as a frequent cause of rupture. Another cause, entirely mechanical, is when the uterus is compressed against the prominent upper border of the pubes.

**LA DÉFORMATION TOLOUSAINNE.**—Under this title M. Paul Broca describes (*Bull. de la Soc. d'Anthropologie*, 1872, and *Journal of Anatomy and Physiology*, Nov. 1872) a deformity of the skull met with in the people of Toulouse and its vicinity. It was originally carefully studied by M. Gosse, who showed how it was produced by bandages applied to the head in infancy. Broca's observations are of value in showing the modifications which take place in the shape of the brain in these deformed skulls.

## MISCELLANY.

**HORSE-FLESH AS FOOD.**—*The Clinic* of December 28 quotes from the *Allgem. Militär-ärztl. Zeitung* of November 24 the following:

"It has long been known in Germany that horse-

flesh was perfectly wholesome, and numerous scientific writings exist which prove that this meat has long been a staple article of diet among certain peoples, as it is even now in certain parts of Germany. The distinguished military surgeon Larrey, and the no less distinguished Geoffroy Saint-Hilaire (recently dead), have written papers on this subject in the interest of the poor. Decroix, a skilful and most industrious veterinary surgeon, has taken up the idea anew with characteristic zeal. De Quatrefages, member of the Academy of Sciences, has lent it also his support in the name of the Society for the Protection of Animals. This society has shown the great value of horse-flesh in the later years of the life of the horse, after it has become incapable of work, when it has not been subjected to cruel treatment or insufficient nutrition. This has led owners to spare their horses, and has enabled them to sell them to advantage after their capacity for labor is over.

"The sanitary councils of Paris and of several of the provinces permitted the erection of slaughter-houses for the preparation of horse-flesh, and this meat, being only half as dear as beef, found many purchasers. The use of horse-flesh did not meet with extensive employment, however, until the siege of Paris, under the urgent necessities which then existed. This necessity it was which quickly overcame all prejudices existing up to that time. From this time on, the value of horse-meat was accepted without dispute, as it has been long ago established in science and was now evident in the personal experience of every one.

"It was found that the mare always furnished the best meat; next in value ranked the gelding. The stallions were of least value. The flesh of the healthy horse was always better and more edible than that of old, lean, or sick animals. Other things being equal, the flesh of the healthy horse furnished a meat containing ten per cent. more nutritious matter than that of the ox."

**FIG-LEAVES** (*Boston Medical and Surgical Journal*).—According to the *Lancet*, there may be observed in the Indian collection at the International Exhibition, in a case of personal ornaments placed against the wall near the southeastern angle of the court, a pair of silver leaves exactly copied from the oval leaves of the Indian fig-tree. In the same and in other cases will be found a variety of metal ornaments of the conventional heart shape, and others of the ecclesiastical piscina, attached to some form of cincture or girdle. All these variations of the leaf-form are used by the Hindoo girls to cover the vulva, and not seldom as their sole article of attire; while the heart and piscina forms are merely conventional copies of the original. This relation between the conventional heart shape and the female sexual organs possibly explains the first use of the former as a symbol of love; and it may also be assumed that the piscina was a heathen emblem, a relic of the phallic worship of some far-back Aryan stock, before it was adopted as a Christian one. The young ladies who purchase valentines, and the architects who copy mediæval decora-

tions, have been about equally ignorant of the meaning of the forms they have assisted to perpetuate.

The modern jewelry collection contains also objects of sanitary interest, in the shape of the thumb-rings, furnished with mirrors, which are worn by Hindoo women. These rings are used for the examination of the genitals, in order to be sure that they are cleansed effectually.

**MEDICAL RESPONSIBILITY.**—*Le Mouvement Médical* of December 21 says, "The court of Riom gave, on the 3d instant, an opinion of great importance concerning the principle of medical responsibility. M. Ambroise Tardieu sustained, by a fall, a fracture of one of the bones of the fore-arm. Dr. P. was immediately called in to attend the patient. He applied a dressing which, by its great compression and mal-application, soon caused excessive pain. In spite of the sufferings and complaints of the patient, the physician for five days refused to loosen the dressing, and it was only on the demands of an interne of one of the Paris hospitals, a brother of the patient, who had hastened to him when he heard of the accident, that Dr. P. concluded to remove it. But it was too late. Gangrene from compression was observed, and symptoms of the gravest kind followed. For a long time the physicians summoned to take the place of Dr. P., who had discontinued his visits, feared that amputation would become necessary. They succeeded in avoiding it by careful attention; but from the loss of motion and sensibility the usefulness of the arm was destroyed. The civil court of Clermont, before which Dr. P. was arraigned, after hearing the testimony of physicians summoned to describe the character and the consequences of the treatment instituted by Dr. P., entered judgment, declaring the latter responsible for the accidents following his malpractice and his imprudence, and sentenced him to pay four thousand francs damages.

"Dr. P. appealed from this judgment. But the court, after hearing the pleading of M. Nony for Dr. P. and of M. Vernet for M. A. Tardieu, confirmed the judgment already given."

**CHANGES IN THE PARIS HOSPITALS.**—In consequence of the death of M. A. Richard, the retiring of M. Giraldès and M. Marjolin, and the transference of Professor Verneuil to the chair of clinical surgery of the *Pitié*, the following changes have occurred in the surgical service: M. Le Fort goes from the *Lariboisière* to the *Beaujon*, M. Panas from the *Saint-Louis* to the *Lariboisière*, M. Tillaux from the *Saint-Louis* to the *Lariboisière*, M. Péan from the *Saint-Antoine* to the *Saint-Louis*, M. de Saint-Germaine from the *Saint-Antoine* to the *Hôpital des Enfants Malades*. M. Marc Sée goes from the *Midi* to the *Sainte-Eugénie*, M. E. Cravelhier from the *Salpêtrière* to the *Saint-Louis*. M. Duplay leaves the *Lourcine* for the *Saint-Antoine*. M. B. Anger goes from the *Maternité* to the *Saint-Antoine*, M. Meunier from the *Bicêtre* to the *Salpêtrière*. M. Horteloup, Surgeon of the Central Bureau, is stationed at the *Midi*. M. Lannelongue, Surgeon of the Central Bureau, is

stationed at the *Bicêtre*. M. Dubreuil, Surgeon of the Central Bureau, is stationed at the *Lourcine*. M. Poillaillon, Surgeon of the Central Bureau, is stationed at the *Maternité*.

**MILITARY MEDICAL APPOINTMENTS.**—By official order, the following appointments have been made to the commission designed to arrange the reorganization of the Military Health Service: MM. de Martimprey, General of Division; Uhrich, Intendant-General Inspector; Blot, General of Brigade; Blaisot, Military Comptroller; Laveran, Medical Inspector, Director of the School of Military Medicine; Perier and Marit, Medical Inspectors; Devèze, Colonel of Engineers; Gaffiot, Sub-Comptroller of 1st class; Brault, Medical Principal of 1st class; Pierron, Officer of Administration, Secretary. Total, 12.

In discussing medical questions the physicians and apothecaries are in the minority.

"*Plus ça change, plus c'est la même chose!*" is the editor's comment.

**THROWING COLD WATER ON IT.**—*The British Medical Journal* says that at a recent meeting of the Clinical Society, Mr. Campbell De Morgan in the chair, an interesting communication on the treatment of cases of pyrexia of phthisis by cool baths was read by Dr. C. Theodore Williams, and led to a considerable amount of discussion. The President made some pertinent remarks regarding the present use of cold water in the treatment of pyrexia. He alluded to the period when it was first recommended and carried out by Dr. Currie; and, as an example of the disbelief in its value entertained by the profession in the early part of this century, and their behavior towards the advocates of the cold-water treatment, he quoted the following lines on Dr. K., a disciple of Currie's, from the pen of the late Mr. H. Chudleigh Standert, of Taunton:

"The solid rock the Hebrew smote,  
Amidst the desert wild;  
The bounteous waters issued forth,  
And all the desert smiled.

"His stolid head our prophet smote,  
As rugged and as wild;  
The water-system issued forth,  
And all the doctors smiled."

**TRAFFIC IN DIPLOMAS.**—The following letter, with an accompanying circular, has been received by the editor of the *Dental Cosmos* from a Parisian dentist to whom it was sent:

[Translation]

"JERSEY, ENGLAND, October 30, 1873.

"SIR,—As in your profession it ought to be very useful and advantageous to you to have the title of Doctor in Dental Surgery, and to possess the diploma thereto belonging, I have the honor to inform you that I have it in my power to have you dignified as such by the American University of Philadelphia, whose rules and regulations I remit you. I undertake all the formalities at my expenses, risks, and perils; thus you will obtain your diploma without inconveniencing yourself. The total sum of expenses will amount to six hundred francs; after that there will be nothing more to pay.

I am at your service to be useful and agreeable to you, and I pray you to accept my most sincere regards.

"P. F. A. VAN DER VYVER,  
"46 Rue du Roi (i.e. 46 King Street.)"

**DISGRACEFUL CONDUCT OF MEDICAL STUDENTS.**—A Montreal correspondent of the Toronto *Globe* says, "The medical students at Victoria College, Montreal, are becoming the disgrace of the city, and are reported to be completely beyond the control of the professors. A few days ago a party of them stole a body from their own dissecting-room, took it to McGill Medical College, received their price, and had a drunken spree on the proceeds. Since then they have been accused of stealing, in broad daylight, a corpse from the Hôtel-Dieu, their own hospital, only dead a few hours, and unburied, of taking it to a college and selling it, and spending the money in a similar way."

**PREPARATORY SCHOOL OF MEDICINE OF BORDEAUX.**—*Le Mouvement Médical*, December 21, quotes from the *Bordeaux Médicale* as follows: "In our last number we gave the number of matriculations at the School of Lyons. Those of the School of Bordeaux are as follows: For 1871-72, 286; for 1872-73, 325. We conclude from this that the prosperity of the School of Medicine of Bordeaux now surpasses that of its rival of Lyons."

THE following curious advertisement appeared in one of the Cincinnati papers the other day: "Personal.—Wanted—The undersigned, a healthy young man, unable to procure other employment at which he can make an honest living, desires to inform Professors of Medicine and Surgery that he will submit himself to experimental operations of almost any description, for reasonable compensation. Address Vivisection."

**SUICIDES IN ENGLAND.**—Suicides are reported to have increased in England, in the last six years, from an annual average of sixty-six to every million of population, to an annual average of nearly sixty-eight to the million. The annual average of suicide by drowning has increased; that by hanging has diminished.

DR. HALLECK was recently appointed Chief Physician of the Insane Asylum, Ward's Island, with instructions to examine into its condition, and report the changes necessary for its efficient management.

**MORTALITY OF PHILADELPHIA.**—The interments reported at the Health Office for the week ending Jan. 25, 1873, were 356: 197 adults, and 159 minors. 13 were of bodies brought from the country; making the mortality of the city 343. Among the causes of death were:

Consumption of the Lungs	44
Other Diseases of the Respiratory Organs	68
Diseases of the Circulatory Apparatus	19
Diseases of the Brain and Nervous System	56
Diseases of the Digestive Apparatus	23
Zymotic Diseases (one from Smallpox)	27
Typhoid Fever	8
Casualties	7

Cancer	6
Debility (including "Inanition" and "Marasmus")	42
Still-born	20
Old Age	10

(The interments reported for the week ending Jan. 27, 1872, were 490.)

**THE meteorological record kept at the Pennsylvania Hospital was as follows:**

	THERMOMETER.		BAROMETER. (2 P.M.)
	Max.	Min.	
Jan. 19	26.0°	20.0°	30.18 in.
" 20	36.0	21.0	30.14 in. (Rain.)
" 21	40.0	32.5	29.83 in.
" 22	37.5	35.0	30.16 in.
" 23	35.0	29.0	30.20 in. (Snow.)
" 24	55.5	29.5	29.76 in. (Rain and snow.)
" 25	33.0	21.0	30.22 in.

#### OFFICIAL LIST

##### OF CHANGES OF STATIONS AND DUTIES OF OFFICERS OF THE MEDICAL DEPARTMENT U.S. ARMY, FROM JANUARY 14, 1873, TO JANUARY 20, 1873, INCLUSIVE.

**GIRARD, A. C., ASSISTANT-SURGEON.**—To report by letter to the Commanding General, Department of the South, for assignment to duty, S. O. 12, War Department, A. G. O., January 15, 1873.

**WEISEL, DANIEL, ASSISTANT-SURGEON.**—To report by letter to the Commanding General, Department of the South, for assignment to duty, S. O. 12, c. s., War Department.

#### NAVY NEWS.

##### LIST OF CHANGES IN THE MEDICAL CORPS OF THE NAVY, FROM DECEMBER 12, 1872.

**Assistant-Surgeon C. A. SIEGFRIED.**—To U.S.S. Richmond.

**Assistant-Surgeon J. M. R. SIMMONS.**—Died at Naval Hospital, Phila.

**Assistant-Surgeon Wm. A. COUVIN.**—To the Naval Hospital, Chelsea, Mass.

**Assistant-Surgeon GEORGE O. ALLEN.**—To the Receiving Ship Ohio, Boston, Mass.

**Surgeon M. BRADLEY.**—Detached from Naval Station, Mound City, Illinois, and to Navy Yard, New York.

**P. A. Surgeon F. M. DEARBORNE.**—To U.S.S. Supply.

**A. A. Surgeon J. W. ELSTON.**—To Naval Station, Mound City, Illinois.

**P. A. Surgeon D. DICKINSON.**—To the Naval Hospital, Yokohama, Japan.

**P. A. Surgeon H. M. RUNDLETT.**—Waiting orders.

**Medical Director GEORGE MAULSBY.**—Retired.

**Assistant-Surgeon E. C. THATCHER.**—Sick leave.

**Assistant-Surgeon W. B. DAVIS.**—To U.S.S. Saugus.

**Assistant-Surgeon P. P. BIEBLEY.**—Waiting orders.

**Assistant-Surgeon H. M. MARTIN.**—To Navy Yard, Washington, D.C.

**Surgeon A. C. RHOADES.**—To U.S.S. Guard.

**Surgeon J. S. KNIGHT.**—To Receiving Ship Ohio, Boston, Mass.

**Assistant-Surgeon WILLIAM G. FAREWELL.**—Leave of absence.

The Naval Medical Board for the examination of candidates for admission and promotion in the Medical Staff of the Navy has reconvened at Washington, with the following detail:

**Medical Director WILLIAM GRIER.** President.

**Medical Inspector THOMAS J. TURNER.** Medical Inspector John V. TAYLOR, Medical Inspector ALBERT L. GHION, Members; and Surgeon PHILIP S. WALES, Recorder.

[About twenty-five vacancies exist in the grade of Assistant-Surgeon.]